

Name in Full

Certificate of Death

Infant - Baker

Died at Roxbury Town Wash County MARYLAND

Date 1902 Month Sept Day 2 Age 4 hours Native of — Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband of —
 Wife —

Father's Name Chas. Baker Mother's Maiden Name Wassinger

Cause of Death { Primary 7 mos infant - 151 How long sick —
 Immediate — Accident, Suicide, Homicide —

Reported by Dr. P. L. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75936



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date

Occupation

Male

Colored

Married

~~Widow~~~~Divorced~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

1 year

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 71889



William Howard Barnhart

Town

County

Died at

Leitersburg, Md.

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sep. 26th

Age

24

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Geo. W. Barnhart

Nora V. Albion

Cause of

Primary

Indigestion

How long sick

5 weeks

Death

Immediate

General debility

Accident, Suicide, Homicide

Reported by

J. H. W. Richard, M.D.

Address

Leitersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ervin Bruce Boward

CERTIFICATE OF DEATH

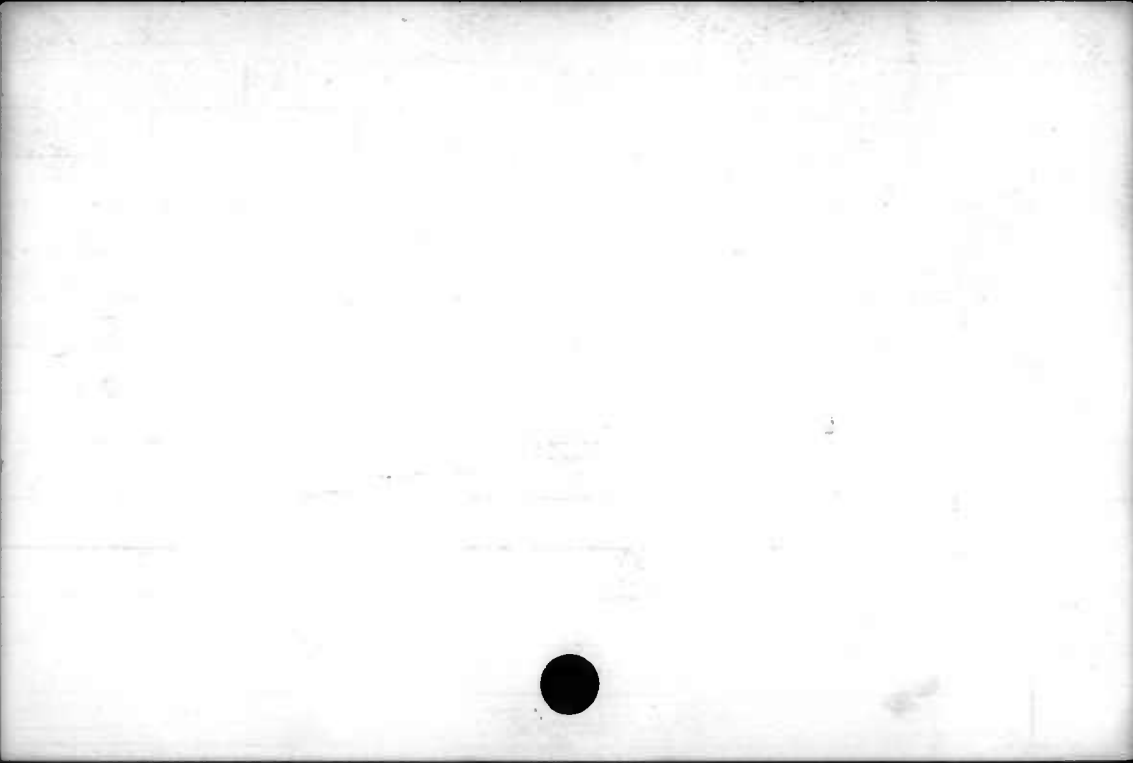
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|-------------------------|---------------------------------------|--------------|---------------------------------|
| Died at <i>Hayestown</i> | | County <i>Wash</i> | | MARYLAND | |
| Date of death 190 | 2 | Month <i>Sep</i> | Day <i>9</i> | Age <i>4</i> | Months <i>11</i> Days <i>28</i> |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Hayestown md</i> | | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>Child</i> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Lewis S Boward</i> | | | Father's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Barbara E Coffman</i> | | | Mother's Birthplace <i>Maryland</i> | | |
| Name of person giving information <i>Lewis S Boward</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Eclampsia</i> | How long <i>3 days</i> |
| Immediate <i>Heart failure</i> | How long <i>130</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Y</i> | Signature of Physician <i>W R Scott</i> |
| | Address <i>Hayestown,</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|----------------------------|---------------|---------------------------------------|--|----------------|------------------|
| Died at <i>Rohrer'sville</i> | | Town <i>Washington</i> | | County | | MARYLAND | |
| Date of death 1902 | | Month <i>9</i> | Day <i>16</i> | Age <i>64</i> | | Years <i>8</i> | Months <i>13</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | | |
| <input checked="" type="checkbox"/> Married, Single or Widowed | | | | Occupation <i>Labourer</i> | | | |
| Name of Wife or Husband <i>Rebecca Snyder</i> | | | | | | | |
| Father's Name <i>John Boyer</i> | | | | Father's Birthplace <i>Unknown</i> | | | |
| Mother's Maiden Name <i>Elizabeth Hinz</i> | | | | Mother's Birthplace <i>West Grove</i> | | | |
| Name of person giving information <i>Charles Boyer</i> | | | | How related to deceased <i>Son</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Consumption</i> | How long <i>27</i> |
| Immediate <i>Internal Hemorrhage</i> | How long <i>10 years</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>C. M. Barks, M.D.</i> |
| | Address <i>Rohrer'sville Ind.</i> |
| Accident or Suicide? | |



Name In Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Orphan

Number of children living

MARYLAND

George C. Burkitt

David Ashmun

Mother's

Name

Polly Ray

Primary Cancer

Immediate

How long sick

12 years

Accident, Suicide, Homicide

J. J. Yoniter M.D.

Brunsville Maryland.

From.

Engel A Brown Secy.

Brownville, Mo.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Otho Dockins

| | | | | | | | |
|--|------------------------------|------------------------|----------------------|--|----------------|-----------------------|---------------|
| Died at <i>Bellvue</i> | | Town <i>Washington</i> | | County <i>Washington</i> | | State <i>MARYLAND</i> | |
| Date of death 190 | <i>2</i> | Month <i>Sept</i> | Day <i>7</i> | Age <i>about 61</i> | Years <i>—</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>male</i> | Color or Race <i>colored</i> | | Birth-place <i>—</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Occupation <i>Laborer</i> | | | | | | |
| Name of Wife or Husband <i>—</i> | | | | | | | |
| Father's Name <i>—</i> | | | | Father's Birthplace <i>—</i> | | | |
| Mother's Maiden Name <i>—</i> | | | | Mother's Birthplace <i>—</i> | | | |
| Name of person giving information <i>CM. Suter</i> | | | | How related to deceased <i>no relation</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Hibatic Cancer</i> | How long <i>1 yr.</i> |
| <i>Exhaustion</i> | How long <i>40</i> |
| Immediate | |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>W. M. M. M. M. M.</i> |
| | Address <i>Hagerstown Md.</i> |
| Accident or Suicide? <i>no</i> | |

$$\begin{array}{r} 9821 \\ 1592 \\ \hline 11413 \end{array}$$

Remond B Dorano

111

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9-25-

Age

2.3.20

Harrison

11

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Maiden Name

J. E. Dorano

M. D. Dorano

M. D. Leisher

Cause of

Primary

Dysentery

How long sick

10 weeks

Death

Immediate

Spinal Meningitis

~~Accident, Suicide, Homicide~~

Reported by

L. M. Miller F. S.

Address

Williamport Md.

14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bessie Viola Dusing

CERTIFICATE OF DEATH

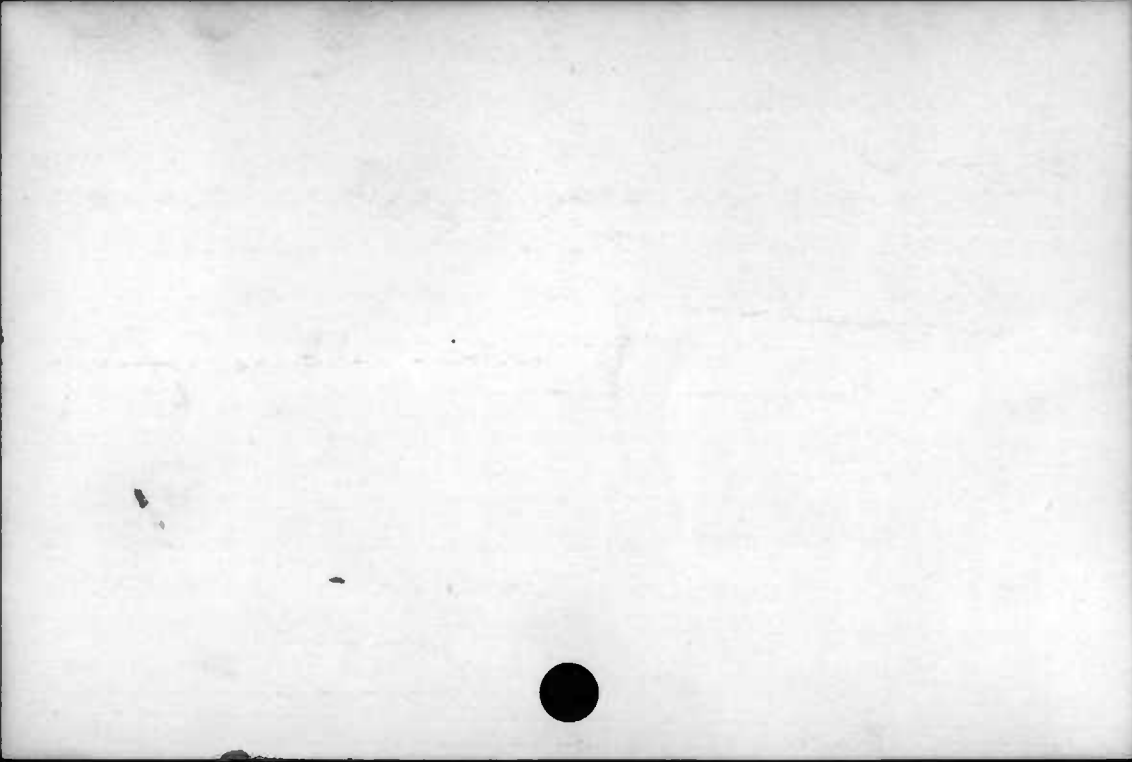
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|-------------------------------|--|---|---------------|---------------------------------|------------------------------|
| Died at <u>Monroeville</u> <small>Town</small> | | <u>Leadsingbet</u> <small>County</small> | | MARYLAND | | |
| Date of death 190 | <u>2</u> <small>Month</small> | <u>Sept</u> <small>Day</small> | <u>8th</u> <small>Year</small> | Age <u>14</u> | <u>14</u> <small>Months</small> | <u>0</u> <small>Days</small> |
| Sex <u>Female</u> | Color or <u>White</u> | | Birth-place <u>Ford Co</u> | | | |
| Married, Single or Widowed | | | Occupation | | | |
| Name of Wife or Husband | | | | | | |
| Father's Name <u>Victor Dusing</u> | | | Father's Birthplace <u>Ford Co</u> | | | |
| Mother's Maiden Name | | | Mother's Birthplace | | | |
| Name of person giving information <u>6/10</u> | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <u>Cerebro Spinal Meningitis</u> | How long <u>4 days</u> |
| Immediate <u>—</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>W. B. Wheeler</u> |
| | Address <u>Boonsboro</u> |
| | <u>Washington Co</u> |
| Accident or Suicide? | |



Catherine Hague.

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Male

White ☒

Married

Widow ☒

Divorced

Female ☒

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Frederick Farling
 Town County

Died at Brownsville Washington MARYLAND

Date 1902 9 25 Month Day Y. M. D. Age 6.8.16 Native of md Occupation _____
 Male White Married Widow Divorced _____
 Female Colored Single Widower Number of children living _____

Husband of _____
 Wife _____

Father's Name Charles L. Farling Mother's Maiden Name Emma Hoffman

Cause of Death { Primary Parotitis Immediate _____ How long sick 1 Week
 Accident, Suicide, Homicide _____

Reported by J. I. Yonster, M.D.
 Address Brownsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in Full

Victor L Fish

CERTIFICATE OF DEATH

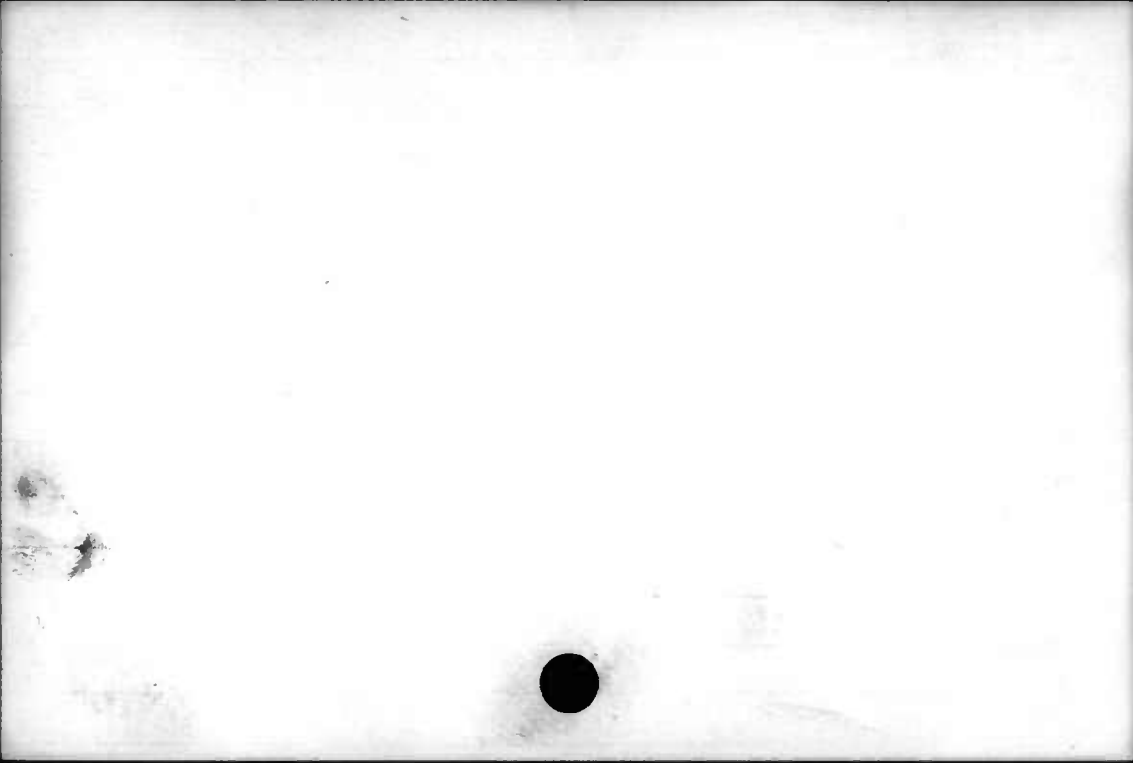
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|--|--|---------------------------------------|--|---|--|---|--|--|--|
| Died at <i>Hayestown</i> | | Town | | <i>Washington</i> | | County | | MARYLAND | |
| Date of death 190 <i>2</i> | | Month <i>9</i> | | Day <i>4</i> | | Age <i>—</i> | | Years <i>11</i> | |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Maryland</i> | | Occupation <i>Child</i> | | Married, Single or Widowed <i>Single</i> | |
| Name of Wife or Husband | | Father's Name <i>Lemuel Fish</i> | | Father's Birthplace <i>Boston, Ind.</i> | | Mother's Maiden Name <i>Gertie Ward</i> | | Mother's Birthplace <i>Missouri</i> | |
| Name of person giving information <i>Lemuel Fish</i> | | How related to deceased <i>Father</i> | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Intussusception</i> | | How long <i>105</i> | |
| Immediate <i>Cephalothorax</i> | | How long <i>2 weeks</i> | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Wm. Hagan</i> | |
| | | Address <i>Washington</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Albert Fisher

CERTIFICATE OF DEATH

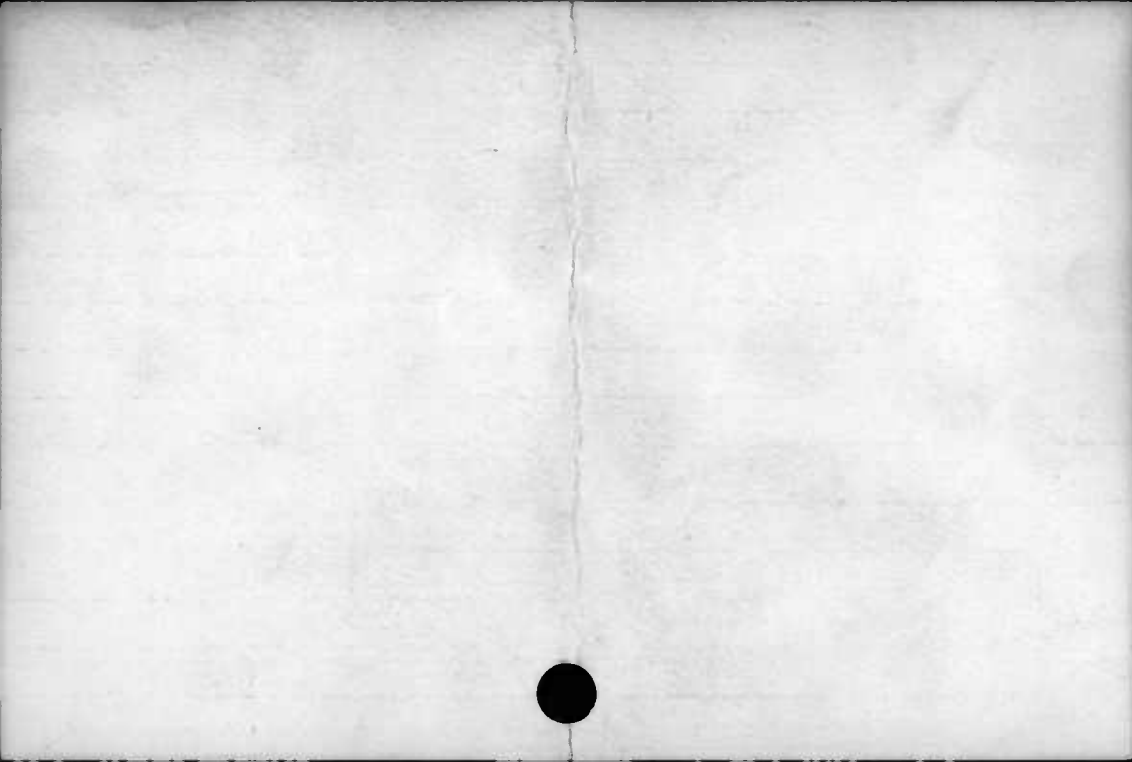
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|---|--|-----------------------|--------|--------------------------------|----------|--------|----------|--|
| Died at | | | Town | | County | | MARYLAND | |
| Date of death 190 2 | | Month 9 | Day 14 | Age 18 | Years 18 | Months | Days 8 | |
| Sex male | | Color or Race Colored | | Birth-place Wash-Co Md | | | | |
| Married, Single Widowed | | | | Occupation | | | | |
| Name of Wife or Husband | | | | | | | | |
| Father's Name Geo. W. Fisher | | | | Father's Birthplace Wash Co Md | | | | |
| Mother's Maiden Name Barbara Keely | | | | Mother's Birthplace Wash Co Md | | | | |
| Name of person giving information John R. Brown | | | | How related to deceased Cousin | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|--|---|
| Primary Tuberculosis 27 | | How long Two years |
| Immediate Internal Abscess | | How long Several months |
| Are the name, age, sex, color, date and place correctly given above? Geo | | Signature of Physician A. Howell Gooden |
| | | Address Sharpsburg, Md. |
| Accident or Suicide? | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------------|-------------------------------------|---------------|--------------------------------|----------------------------|
| Died at <u>Hagerstown</u> ^{Town} | | <u>Washington</u> ^{County} | | MARYLAND | |
| Date of death 190 | <u>2</u> ^{Month} | <u>Sept</u> | Day <u>15</u> | Age <u>64</u> ^{Years} | <u>8</u> ^{Months} |
| Sex <u>Male</u> | Color or Race <u>White</u> | | Birth-place | | |
| Married, Single or Widowed <u>Widower</u> | Occupation <u>Painter</u> | | | | |
| Name of Wife or <u>Leathemir Amburger</u> | | | | | |
| Father's Name <u>Charles F. Gelwicks</u> | Father's Birthplace | | | | |
| Mother's Maiden Name <u>Leathemir Ash</u> | Mother's Birthplace | | | | |
| Name of person giving information <u>George Gelwicks</u> | How related to deceased <u>Son</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|---------------------------------------|------------------------|-----------------------|
| Primary | <u>Phthisis. & Mitral Murmur.</u> | How long | <u>6 Mos.</u> |
| Immediate | <u>Pulmonary edema</u> | How long | <u>36 hrs</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician | <u>W. G. Morrison</u> |
| | | Address | <u>Hagerstown Md</u> |
| Accident or Suicide? <u>no</u> | | | |



Name in Full *Maggie Gelwick Margaret C. Gelwick* Certificate of Death

Margaret C. Gelwick

County

MARYLAND

Died at *W. H. Hester*

Month

Day

Y.

M

D.

Native of

Occupation

Date 19

Date 19 *Sept. 1 - 1902* Age *55*

Age

55-

1913-14

White:3

Married

Widow



Female

Colours:

1

Widower

Number of children living

of

Wife

Father's

Name _____

Mother's

Maiden Name

Cause of

Primary

Primary Pulmonary Tuberculosis

How long sick

Several years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

The full name of deceased according
to letter advice from Dr. J. W. P. Scott
(8/4/03) was Margaret C. Gelwick
of husband John Luther Gelwick,
L. S. F., to Ky & U. S.
Aug 8/1903.

Name in Full

Certificate of Death

Newton Ambrose Gossard
 Town County

107
 MARYLAND

Died at Tarboro Washington
 Date 19 02 Sept. 6 Age 19 8 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
 Male White Married Widow Divorced Number of children living
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of John T. Gossard
 Wife John T. Gossard
 Father's Name John T. Gossard Mother's Maiden Name Irma Barnes

Cause of Death { Primary Stomach trouble How long sick 4 weeks
 Immediate 11 104 " Undertaker
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by L. F. Hicks
 Address Wilmington Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant, Still Born *Gossard* 110
 Town *Mt. Pleasant* County *Was*

Died at

MARYLAND

Date 19

02

Month

Sep

Day

26

Y.

M.

D.

Age

1 hr

Native of

Ma

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

David E Gossard

Mother's

Maiden Name

Emma Summers

Cause of

Primary

*Premature**7 mos*

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

*Father**151*

Address

*Mt. Pleasant**J. F. Kups Undertaker
Dr. Richardson*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Dear Alice -

Aurelia Craggs Hester

Town Lutesburg County Washington MARYLAND

Died at Lutesburg

Date 19 02 9 2 Age 51 10 19 Wash. Co. Housewife

Male White Married Widow Divorced

Female Colored Single Widow Number of children living 6

Husband of Frank Hester

Wife

Father's Name Emanuel Jones Mother's Maiden Name Cath. Ritter

Cause of Death { Primary General debility How long sick 3 yrs

Death { Immediate Heart failure Accident, Suicide, Homicide

Reported by J. P. Davis 154

Address Lutesburg Wash. Co. Md.



Name
in
Full

Adah Lane Hine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|-------------------------------------|---------------------------------------|----------------------------|----------------------------|
| Died at <i>Sharpsburg</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death 190 | <i>2</i> ^{Month} | <i>Sept</i> ^{Day} | <i>30</i> ^{Age} | <i>13</i> ^{Years} | <i>3</i> ^{Months} |
| | | | | <i>14</i> ^{Days} | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Sharpsburg</i> | | |
| Married, Single or Widowed | | | Occupation <i>None</i> | | |
| Name of Wife or Husband <i>None</i> | | | | | |
| Father's Name <i>Martin L. Hine</i> | | | Father's Birthplace <i>Sharpsburg</i> | | |
| Mother's Maiden Name <i>Lela E. Swain</i> | | | Mother's Birthplace <i>Sharpsburg</i> | | |
| Name of person giving Information <i>Martin L. Hine</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------|------------------------|---------------------------|
| Primary | <i>Tuberculosis</i> | How long | <i>Four months</i> |
| Immediate | <i>Tuberculosis</i> | How long | <i>Two weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>D. Russell Gardner</i> |
| | | Address | <i>Sharpsburg - Md.</i> |
| Accident or Suicide? | | | |

Issue Permit To L E Suman + Son

Wednesday at 2 o'clock

Name in Full

Certificate of Death

Ermina Gertrude Armes

Town

County

Died at

Brounsville

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9 26

Age

6. 2. 18

Mdb

Male

White

~~Married~~~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

P. Albert Armes

Mother's

Maiden Name

Jane. West

Cause of

Primary

Diphtheria

How long sick

1 week

Death

Immediate

Heart Weakness

~~Accident, Suicide, Homicide~~

Reported by

J. J. Forster, M.D.

Address

Brounsville

M, d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Richard Keedy

CERTIFICATE OF DEATH

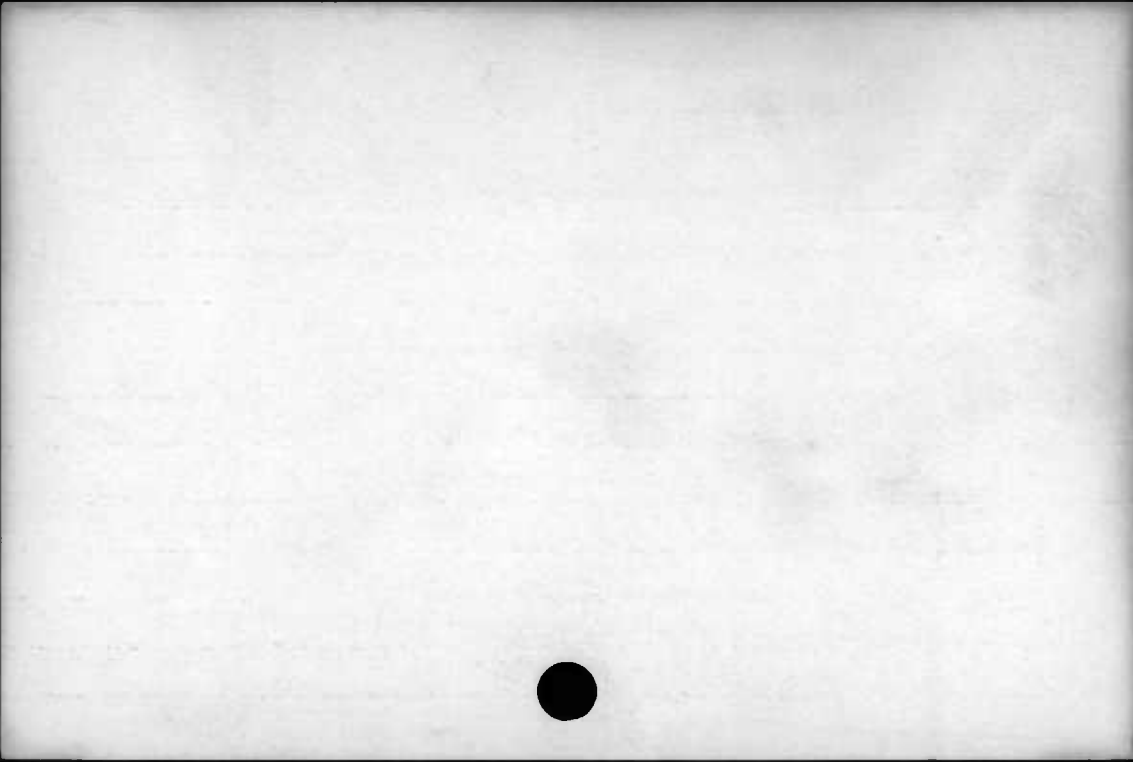
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|-------------------------------------|--|----------------------------|---------------------------|
| Died at ^{Town} <i>Hagerstown</i> | | ^{County} <i>Washington</i> | | MARYLAND | |
| Date of death 190 | ^{Month} <i>2</i> <i>Sept.</i> | ^{Day} <i>22</i> | Age ^{Years} <i>—</i> | ^{Months} <i>5</i> | ^{Days} <i>16</i> |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>md.</i> | | |
| Married, Single or Widowed <i>—</i> | | | Occupation <i>child.</i> | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name | | | Father's Birthplace | | |
| Mother's Maiden Name <i>Winnie Keedy</i> | | | Mother's Birthplace <i>Md.</i> | | |
| Name of person giving information <i>Winnie Keedy</i> | | | How related to deceased <i>mother.</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------|------------------------|--------------------------|
| Primary | <i>cholera Infantum</i> | How long | <i>4 days</i> |
| Immediate | <i>exhaustion</i> | How long | <i>✓</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>Wm. Ruston Miller</i> |
| <i>yes</i> | | Address | <i>Hagerstown md</i> |
| Accident or Suicide? | | | |
| <i>no</i> | | | |



Name In Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan. Kelbaugh
 Town Norton County Washington MARYLAND
 Month 9 Day 4 Y. 38 M. - D. - Native of Va Occupation Housewife
 White Married ~~Widow~~ ~~Single~~ ~~Widow~~ Number of children living 6
 of Noah Kelbaugh
 Daniel Pittman Mother's Maiden Name Lucy Rutter
 Primary Cause of Death Lastic, Leatarrh How long sick 6 mo
 Immediate Cause of Death Malnutrition Ascend, Spindle, Homicide
 Reported by J. I. Foutte, M.D. 104
 Address Brownsville Maryland

From Gordon Seabreg's,
Brownsville Tex

Name in Full

Certificate of Death

Clara Amelia Keller-
~~Stratton~~

Town

County

Died at Funkstown Dorchester

MARYLAND

| Date | Month | Day | Y. | M. | D. | Native of | Occupation |
|--------|---------|---------|---------|----------|---------------------------|-----------|---------------|
| 1962 | Sept | 1 | 61 | 11 | 28 | Maryland | House Keeping |
| Male | White | Married | Widow | Divorced | | | |
| Female | Colored | Single | Widower | | Number of children living | one | |

Husband
 of

Wife Solomon J. Keller.

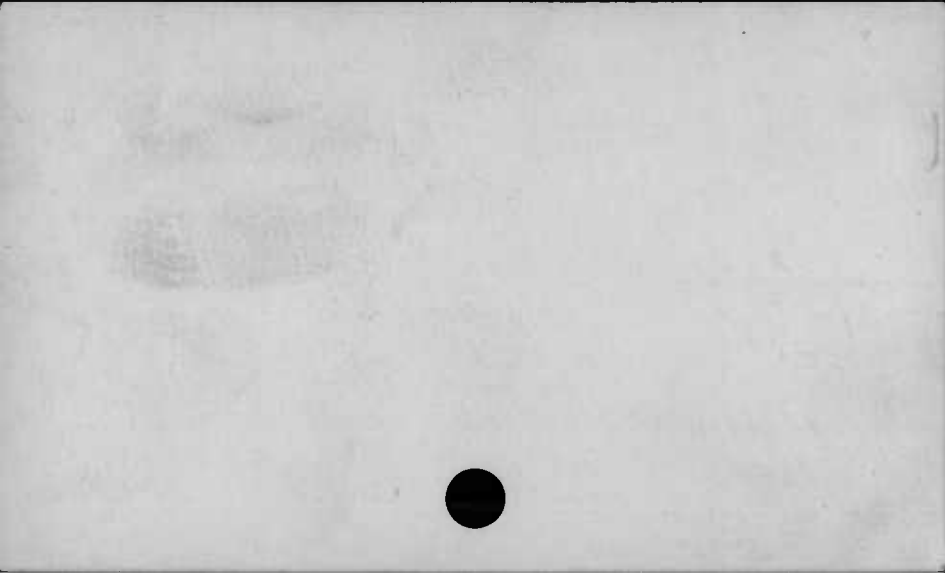
Father's Name Henry Stratton Mother's Maiden Name Angelica Pench.

| Cause of Death | Primary | Immediate | How long sick |
|----------------|-----------------------|----------------------|--|
| | <u>Heart Disease.</u> | <u>exhaustion 79</u> | <u>a few months</u> |
| | | | Accident, Suicide, Homicide |

Reported by Dr G. S. Newcomer.

Address Funkstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Ella M^{rs}. Kenna

| | | | | | |
|--|----------------------------|--------------------------|---|----------|-----------------|
| Died at <i>Nagerstown</i> | | County <i>Washington</i> | | MARYLAND | |
| Date of death 190 | Month <i>2 Sept</i> | Day <i>11</i> | Age <i>48</i> | Years | Months <i>7</i> |
| Sex <i>female</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | |
| Married, Single or Widowed <i>married</i> | | | Occupation <i>Housewife</i> | | |
| Name of Wife Husband <i>James M^{rs}. Kenna</i> | | | | | |
| Father's Name <i>George W. Bowers</i> | | | Father's Birthplace <i>Md.</i> | | |
| Mother's Maiden Name <i>Elizabeth Bowman</i> | | | Mother's Birthplace <i>Md.</i> | | |
| Name of person giving information <i>James M^{rs}. Kenna</i> | | | How related to deceased <i>husband.</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|----------------------------|---|------------------|
| Primary | <i>Transverse Myelitis</i> | How long | <i>11 months</i> |
| Immediate | <i>Exhaustion</i> | How long | <i>1 month</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>N. Preston Miller</i> | |
| | | Address <i>Nagerstown Md.</i> | |
| Accident or Suicide? <i>no.</i> | | | |

3 1483.01
3 696.74
397.27

Name in Full George H. Keys
 Town Hagerstown County Washington MARYLAND
 Died at Sept. 5-1900 Month Sept. Day 5 Y. 72 M. Am B. er Native of America Occupation Carter
 Date of Sept. 5-1900 Male Male Age 72 Married Married Widowed Widowed Divorced Divorced
 Female Female Colored Colored Single Single Widower Widower Number of children living 3
 Husband of Caroline Keys
 Father's Name William Keys Mother's Name Eliza
 Cause of Death { Primary organic heart disease Immediate stroke } How long sick 8 months
 Accident, Suicide, Homicide
 Reported by Wm. L. Williams
 Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eva D. Knode

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Spickler Sept 30

Washington Age 25-7-29 Ind

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Ten Weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry W. Heyday
 Died at ^{Town} Smithsburg ^{County} Washington MARYLAND
 Date 1902 ^{Month} 9 ^{Day} 24 Age 76 ^{Y.} 6 ^{M.} 6 ^{D.} 1 Native of Ind Occupation Retired
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Number of children living 5

Husband of Ellen Clary
 Father's Name Henry Heyday Mother's Name 154
 Cause of Death { Primary General debility
 Immediate Cerebral Hemorrhage
 How long sick 2 years
 Accident, Suicide, Homicide
 Reported by John M. Stack M.D.
 Address Smithsburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72808



Name In Full

Certificate of Death

Martin Luther Maier

Town

County

Died at Hagerstown Washington

MARYLAND

Date 1902 Sept 24 Age 83-84 Native of Ohio Occupation Professor

Male White Married Widower Divorced

Female Colored Single Widower Number of children living 1

Husband of Mrs. Ella Maier

Wife

Father's Name Everhart Maier Mother's Maiden Name Louise

Cause of Death Primary Immediate

~~Pneumonia~~ Typhoid Fever

How long sick 7 weeks

Accident, Suicide, Homicide

Reported by A. S. Thacker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 798PA

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---------------------------|--|-----------------------------|--|--------------------|--|
| Name <i>Mr Annie A McNeil</i> | | Town <i>Hagerstown</i> | | County <i>Washington</i> | | MAYLAND | |
| Died at | | Month <i>9</i> | | Day <i>14</i> | | Years <i>31</i> | |
| Date of death 190 <i>7</i> | | Months | | Days | | | |
| Sex <i>Female</i> | | Color or Race | | Birth- place | | | |
| Married, Single or Widowed | | | | Occupation | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name <i>Michael Hartman</i> | | | | Father's Birthplace | | | |
| Mother's Maiden Name <i>Sallie McNeil</i> | | | | Mother's Birthplace | | | |
| Name of person giving In formation <i>Brother</i> | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Acute Peritonitis</i> | | How long <i>116</i> | |
| Immediate <i>shock</i> | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Victor D. Miller, Jr.</i> | |
| | | Address <i>34 N. Franklin Hagerstown, Md.</i> | |
| Accident or Suicide? _____ | | | |



Name in Full

Certificate of Death

Laura S. Middlestauff

Town

County

Died at

Fairplay Washington

MARYLAND

Date 1902

Month Day
Sept 6Y. M. D.
Age 34. 3. 27

Native of

Md

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

8

~~Husband~~

of

Wife

Aaron C. Middlestauff

Father's

Mother's

Name

Elias Eastle

Maiden Name

Letha C. Reynolds

Cause of

Primary

Cancer of Liver

How long sick

6 mos

Death

Immediate

Exhaustion

40

~~Accident, Suicide, Homicide~~

Reported by

B. M. Reichard M. D.

Address

Fairplay

Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Orville Franklin Moler

Town

County

MARYLAND

Died at

Brownsville Washington

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9. 17

Age

20

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Franklin Moler

Maiden Name

Emma V. Gordon

Cause of

Primary

Inanition

How long sick

20 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

J. T. Yountie, M.D.
Brownsville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Clarence Edward Morgan

Town

County

MARYLAND

Died at Brunswick

Washington

Date

Month

Day

Years

Months

Days

of death 190

2 Sep -

11

Age

5

Sex

male

Color or
Race

white

Birth-
place

md

~~Married, Single~~
or Widowed

Occupation

Name of Wife or
Husband

✓

Father's
Name

✓

Father's
Birthplace

✓

Mother's
Maiden Name

Cora Morgan

Mother's
Birthplace

md

Name of person giving
In formation

Chas. Harrison

How related
to deceased

uncle

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

How long

179

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr Lovell

Address

Brunswick

Accident or Suicide?

✓

per Mining Book
numbered 10000

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Francis Gardiner Moore
 Died at Sharpsburg Washington MARYLAND
 Date 1902 Sept 18 18 18 18
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Gerome Moore May Renner
 Cause of Death { Primary Premature Birth How long sick about 4 weeks
 Immediate Insanitation 151 Accident, Suicide, Homicide

Reported by

Address

G. H. Hurdell Gardner
Sharpsburg Md.
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eugene Warner
Undertaker

Name in Full

Willet-Pennel Mose

Town

County

Died at

MARYLAND

Date

1902

Month

Day

Y

M.

D.

Native of

Occupation

Sept. 2

Age

-

-

15

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Gerome Mose

May Renner

Cause of

Primary

Premature Birth

How long sick

15 or 16 days

Death

Immediate

Dramatic

151

Accident, Suicide, Homicide

Reported by

G. Stewart Gardner

Address

Sharpsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eugene Markes
Undertaker.

Name in Full

Certificate of Death

William Samuel Mose
 Town Sharpburg County Washington

Died at Sharpburg Washington MARYLAND

Date 1902 Sept-11 Age 2.3
 Male White Married Widowed
 Female Colored Single Widower
 Occupation
 Number of children living One

Husband of
 Wife

Father's Name Franklin Mose Mother's Maiden Name Helen Schoepfer

Cause of Death { Primary Dementia
 Immediate Dementia
 How long sick about a month
 Accident, Suicide, Homicide

Reported by G. M. Mose

Address Sharpburg, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eugene Marker.
Undertaker.

Name
in
Full

Sittston E. Munchaur

CERTIFICATE OF DEATH

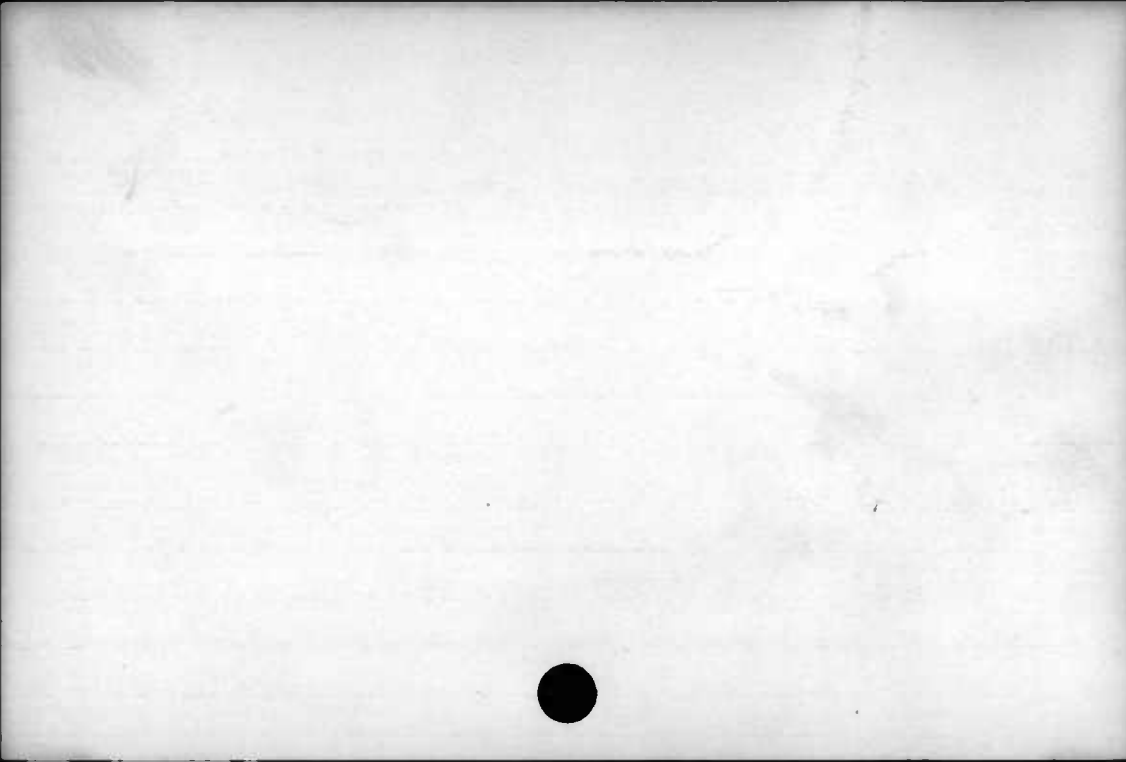
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|-------------------------------------|--------------|-----------------------------------|----------------------------|
| Died at <i>Hagerstown</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death 1902 | | Month <i>Sept</i> | Day <i>3</i> | Age | Years <i>5</i> Months Days |
| Sex | | Color or Race <i>White</i> | | Birth-place <i>Hagerstown, Md</i> | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>✓</i> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>James Munchaur</i> | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | Mother's Birthplace | |
| Name of person giving information | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|--|---|
| Primary <i>Marasmus</i> | | How long |
| Immediate <i>Cardiac Failure</i> | | How long <i>since birth</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>C.P. Stauffer</i> |
| | | Address <i>Hagerstown, Md.</i> |
| Accident or Suicide? | | |



Walter C. Myers -

Town

County

Died at

Smoke Town

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 12

Age

- 18 -

Ind -

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

William Myers

Mother's

Maiden Name

Ellen Lunn

Cause of

Primary

Marasmus

105

How long sick

6 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W.B. Wheeler and Lunn

Address

Beonsboro

Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William H. Newcomer

Town

County

MARYLAND

Died at Hagerstown Washington

Date 19 02 9 22 Age about 55 yrs Md. Carpenter.

Male White Married Widow ~~Divorced~~

~~Female~~ Colored Single Widower Number of children living 1

Husband of Mrs. Laura Newcomer

~~Widow~~

Father's Name John C. Newcomer Mother's Name Letitia Hawthorne

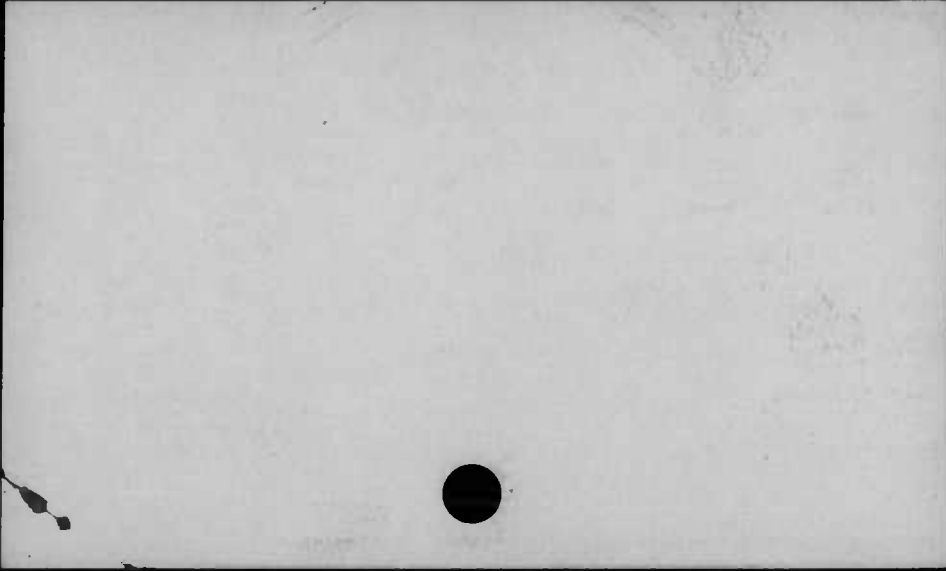
Cause of Death { Primary Cardiac Stenosis 1/4 How long sick 8 months

Death { Immediate Pulmonary Congestion Accident, Suicide, Homicide

Reported by A. J. Maxon

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary R. Nichols

Town

County

Died at *Brunsville* *Washington*

MARYLAND

| Date 19 | Month | Day | Y. | M. | D. | Native of | Occupation |
|-----------------|---------|---------|---------|----------|----|---------------------------|------------|
| 02 | 9 | 18 | 74 | — | — | Md | Housewife |
| Male | White | Married | Widow | Divorced | | | |
| Female | Colored | Single | Widower | | | Number of children living | 3 |

Husband or

Wife *John Nichols*

Father's Name *Michael Lease* Mother's Maiden Name *Elizabeth Upton*

| | | | | |
|----------------|-----------|------------------|-----------------------------|-----------------|
| Cause of Death | Primary | <i>Paralysis</i> | How long sick | <i>6 months</i> |
| | Immediate | <i>66</i> | Accident, Suicide, Homicide | <i>66</i> |

Reported by *J. J. Yount*

Address *Brunsville* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Trisby. Knode Over

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|----|--------------------------|------|-------------------------|-----------|
| Died at <u>Frankston</u> Town | | <u>Washington</u> County | | MARYLAND | |
| Date of death 1902 | 20 | Month | Sept | Day | Saturday |
| Sex | | Male | | Color or Race | White |
| Married, Single or Widowed | | | | Birth-place | Frankston |
| Name of Wife or Husband | | | | Occupation | |
| Father's Name | | <u>Mercer</u> | | Father's Birthplace | Frankston |
| Mother's Maiden Name | | <u>May</u> | | Mother's Birthplace | Frankston |
| Name of person giving information | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|-----------------------|
| Primary | <u>79</u> | How long | |
| Immediate | <u>Heart trouble</u> | How long | <u>one day</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>yes</u> | Signature of Physician | <u>C. G. McJannet</u> |
| | | Address | <u>Frankston</u> |
| Accident or Suicide? | <u>X</u> | | |



Name in Full

Certificate of Death

John Emmory Christopher Patton

Died at Near Hancock County Washington MARYLAND

Date 1902 9.17 Y. 26. M. 11. D. 27 Native of Ind Occupation Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name Emmory H. Patton Mother's Name Letitia Lechliter

Cause of Death { Primary Typhoid Fever Immediate Peritonitis How long sick 2 weeks Accident, Suicide, Homicide

Reported by J. H. Jones & W. D. Hancock Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Certificate of Death

108

Died at

Date 189

Wife

Cause of

Reported by

Address

LIBRARY DUDELL, FEB 20 1960

J M Miller Undertaker

Name in Full

Certificate of Death

Emma May Ridgeway

109

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept 27

Age

11

25

Md

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Nathan D Ridgeway Mary E Bowers

Cause of

Primary

Membranous Croup

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. S. Richardson M.D.

Address

Williamport, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bakewell -

Name
in
Full

Ann Rebecca Seiss

CERTIFICATE OF DEATH

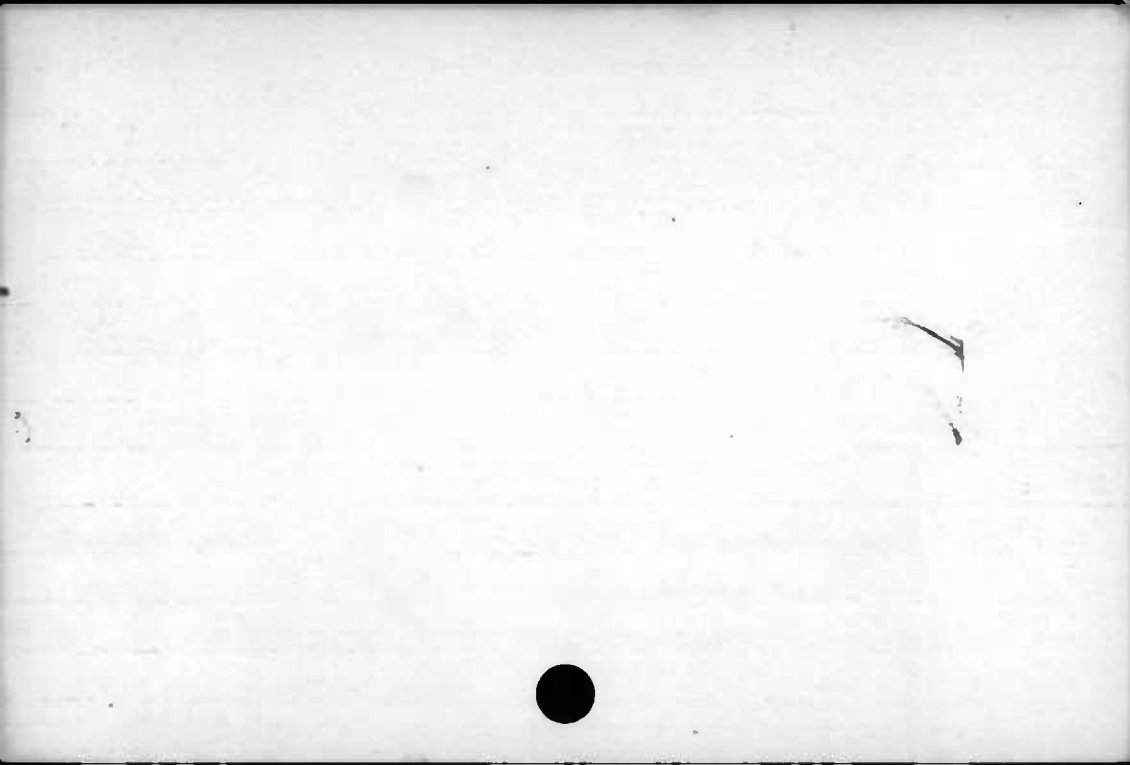
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|---------------|---------------------------|---------------|--|----------|-------------|-----------------|
| Died at | | Town <i>Hagerstown</i> | | County <i>Washington</i> | | MARYLAND | |
| Date | Month | Day | Years | Months | Days | | |
| of death 190 | <i>2</i> | <i>Sep.</i> | <i>7</i> | <i>75</i> | <i>7</i> | <i>7</i> | |
| Sex | <i>female</i> | | Color or Race | <i>white</i> | | Birth-place | <i>Maryland</i> |
| Married, Single or Widowed | | | Occupation | | | | |
| <i>widow</i> | | | <i>H. W.</i> | | | | |
| Name of Wife or Husband <i>Joseph Alfred Seiss</i> | | | | | | | |
| Father's Name <i>James Ward</i> | | | | Father's Birthplace <i>Maryland</i> | | | |
| Mother's Maiden Name <i>Catherine Metzger</i> | | | | Mother's Birthplace <i>"</i> | | | |
| Name of person giving information <i>Frank Seiss</i> | | | | How related to deceased <i>son</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------|---|--------------------|
| Primary | <i>Heart. Disease</i> | How long | <i>Five months</i> |
| Immediate | <i>Heart Failure</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>J. C. Pitman</i> | |
| | | Address <i>Hagerstown Md.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

David Shaw's child

CERTIFICATE OF DEATH

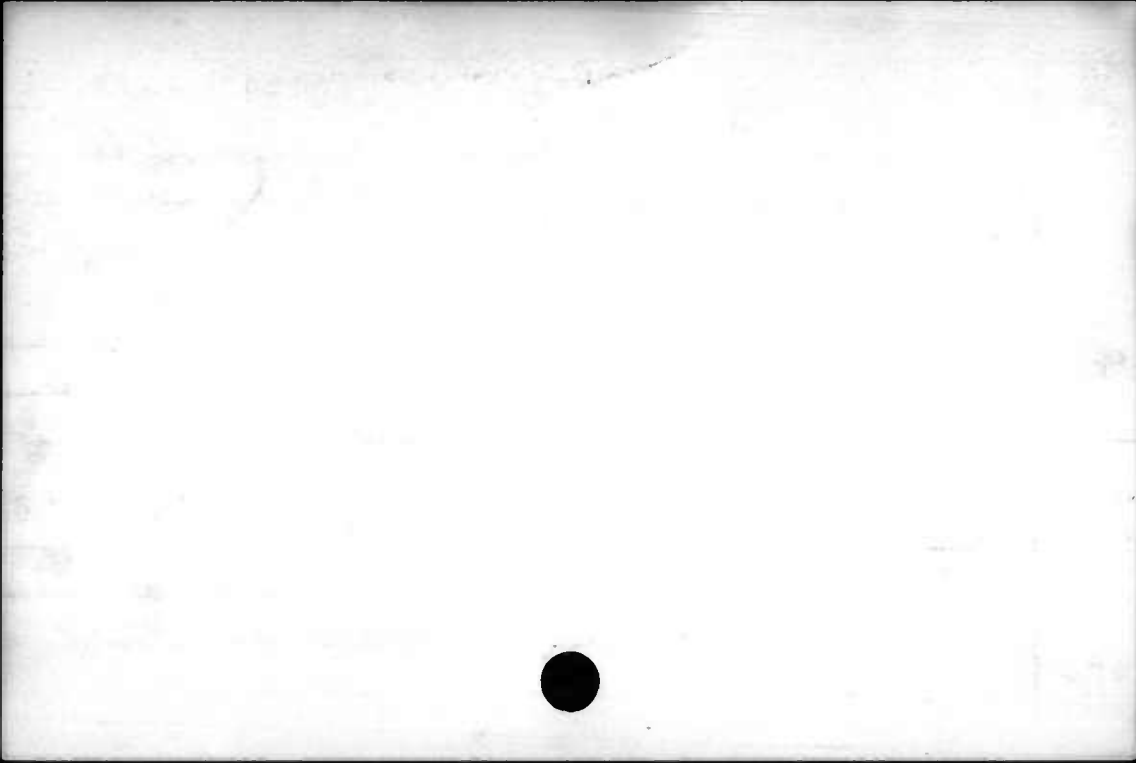
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|----------------------------------|--|-------------------------------|--|
| Died at <i>Hagerstown</i> | | Town | | <i>Washington</i> | | County | |
| Date of death 190 <i>2</i> | | Month <i>9</i> | | Day <i>15</i> | | Age <i>—</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>W. Va</i> | | Months <i>2</i> | |
| Married, Single or Widowed <i>—</i> | | Occupation <i>—</i> | | Years <i>—</i> | | Days <i>1</i> | |
| Name of Wife or Husband <i>—</i> | | Father's Name <i>David Shaw</i> | | Father's Birthplace <i>W. Va</i> | | Mother's Birthplace <i>MD</i> | |
| Mother's Maiden Name <i>Jda. Locks</i> | | Name of person giving information <i>Father</i> | | How related to deceased <i>—</i> | | Mother's Birthplace <i>MD</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pneumonia</i> | How long <i>Some days</i> |
| Immediate <i>Pneumonia</i> | How long <i>Some days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Geo. B. Bogle</i> |
| | Address <i>Hagerstown Md</i> |
| Accident or Suicide? | |



Name
in
Full

Hazel Marie Smith

CERTIFICATE OF DEATH

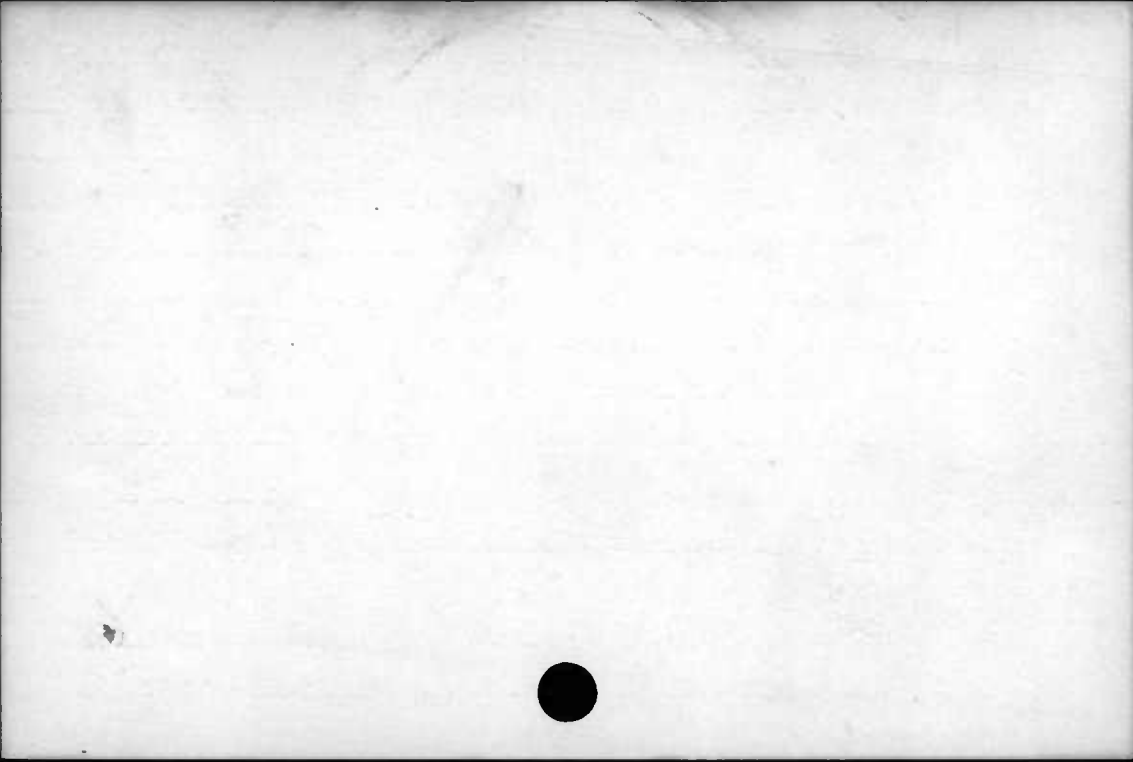
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|-------------------------------------|--|---|--|
| Died at ^{Town} <i>Hagerstown</i> | | ^{County} <i>Washington</i> | | MARYLAND | |
| Date of death: 190 ^{Month} <i>2 Sep.</i> ^{Day} <i>6</i> | | Age ^{Years} <i>—</i> | | ^{Months} <i>3</i> ^{Days} <i>1</i> | |
| Sex <i>female</i> | | Color or Race <i>white</i> | | Birth-place <i>Maryland.</i> | |
| Married, Single or Widowed <i>single</i> | | Occupation <i>child</i> | | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Edgar S. Smith</i> | | | Father's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Nora T. Benchoff</i> | | | Mother's Birthplace <i>"</i> | | |
| Name of person giving information <i>Edgar S. Smith</i> | | | How related to deceased <i>father.</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|--|--|
| Primary <i>Intestinal intoxication</i> | | How long <i>Two days</i> | |
| Immediate <i>Exhaustion</i> | | How long <i>—</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>H. W. Rayner</i> | |
| | | Address <i>Hagerstown, Md.</i> | |
| Accident or Suicide? | | | |



Katie Spessard

Town

County

Died at

Leitersburg Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9 7

Age

54 3 10

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

7

~~Husband~~

of

Wife

Father's

Name

Benj Spessard

Mother's

Maiden Name

Jacob Hartle Amelia Creager

Cause of

Primary

Catarrh

27

How long sick

Death

Immediate

Consumption

~~Accident~~, Suicide, Homicide

Reported by

Wm L Sherris Undert.

Address

Leitersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker, or minister.



Name
in
Full

CERTIFICATE OF DEATH

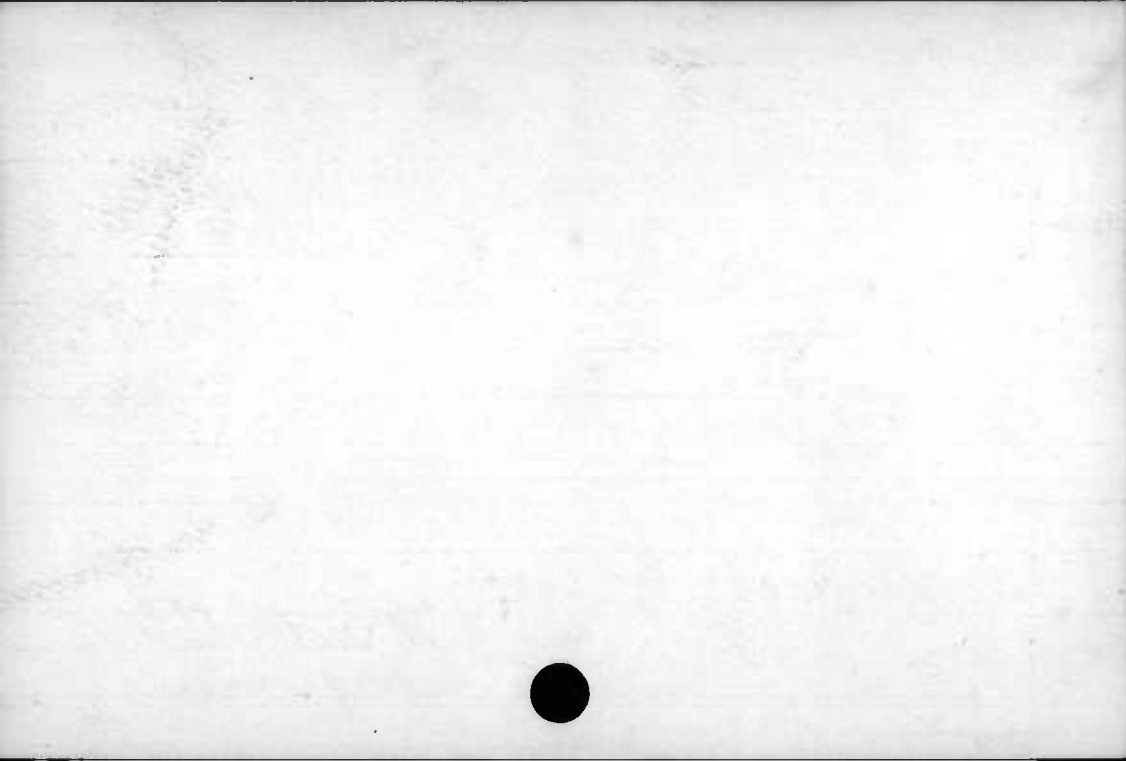
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--|---------------------------|----------------------------|-------------------------|
| Died at <u>Haystown</u> ^{Town} | | <u>Washington</u> ^{County} | | MARYLAND | |
| Date of death 190 | <u>2</u> ^{Month} <u>Sept</u> ^{Day} | <u>3</u> ^{Age} | <u>5</u> ^{Years} | <u>5</u> ^{Months} | <u>1</u> ^{Day} |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>md</u> | | | |
| Married, Single <u>Single</u> or Widowed | | Occupation <u>Child</u> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name <u>J. G. D. Edward Sprecher</u> | | Father's Birthplace <u>Brederick Co md</u> | | | |
| Mother's Maiden Name <u>Estelle D. Sprecher</u> <u>Addie Sprecher</u> | | Mother's Birthplace <u>Wash Co md</u> | | | |
| Name of person giving Information <u>Father Edward Sprecher</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|-------------------|--|
| Primary | <u>Exhaustion</u> | <u>179</u> ^{How long} |
| Immediate | | <u>179</u> ^{How long} |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of <u>A. K. Coffman M.D.</u> |
| <u>Yes</u> | | Address <u>Haystown md</u> |
| Accident or Suicide? | | |



Charles L. Stem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|----------------------------|-------------------|-----------------------|-------------------------|-----------------|
| Died at <i>Hagerstown</i> | | <i>Washington</i> | | MARYLAND | |
| Date of death 190 | <i>2 Sept</i> | Month | <i>17</i> | Day | <i>about 40</i> |
| Sex | <i>male</i> | Color or Race | <i>white</i> | Age | <i>about 40</i> |
| Married, Single or Widowed | <i>married</i> | Occupation | <i>Saloon Keeper.</i> | Birth-place | <i>Md.</i> |
| Name of Wife or Husband | <i>Mrs. Clara F. Stern</i> | | | | |
| Father's Name | <i>—</i> | | | Father's Birthplace | <i>md</i> |
| Mother's Maiden Name | <i>—</i> | | | Mother's Birthplace | <i>"</i> |
| Name of person giving information | <i>Mrs. Clara F. Stern</i> | | | How related to deceased | <i>wife.</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------|--------------|------------------------|
| Primary | | How long | |
| Immediate | Suicide by shooting | How long | |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of | C. M. Suter Undertaker |
| | | Address | Hagerstown Md. |
| Is Suicide? | | | |



Wm. C. Stockslager

Died at ^{Town} Brushedville ^{County} Wash MARYLAND

Date 1902 ^{Month} Sept ^{Day} 12 ^{Y.} Age ^{M.} 27 ^{D.} - 26 ^{Native of} Wash Co ^{Occupation} Blacksmith

Male ^{White} ^{Married} ^{Widow} ^{Divorced} ^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband
of

Wife

Father's Name Wm. C. Stockslager Mother's Maiden Name Rebecca Rowe

Cause of Death { Primary Spinal Fract-
Immediate Paralysis } How long sick 5 weeks
Accident, ~~Swindle, Intoxication~~

Reported by Dr. J. P. Davis

Address Boonboro Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--------------------------------|-------------------------------------|--------|-------------------------|------|
| Died at <i>Mapleville</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>2</i> ^{Month} <i>Sept</i> ^{Day} <i>17</i> | Age <i>72</i> ^{Years} | | Months | | Days |
| Sex <i>Male</i> | Color or Race <i>Caucasian</i> | Birth-place | | | |
| Married, Single Widowed | | Occupation <i>Farmer</i> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | Mother's Birthplace | |
| Name of person giving information | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Intestinal Regurgitation.</i> | How long <i>Several months</i> |
| Immediate <i>Syncope</i> | How long <i>2 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. Hubert Wade, M.D.</i> |
| | Address <i>Baltimore, Md.</i> |
| Accident or Suicide? | <i>No</i> |



Name
in
Full

CERTIFICATE OF DEATH

Robert C. Thornburg

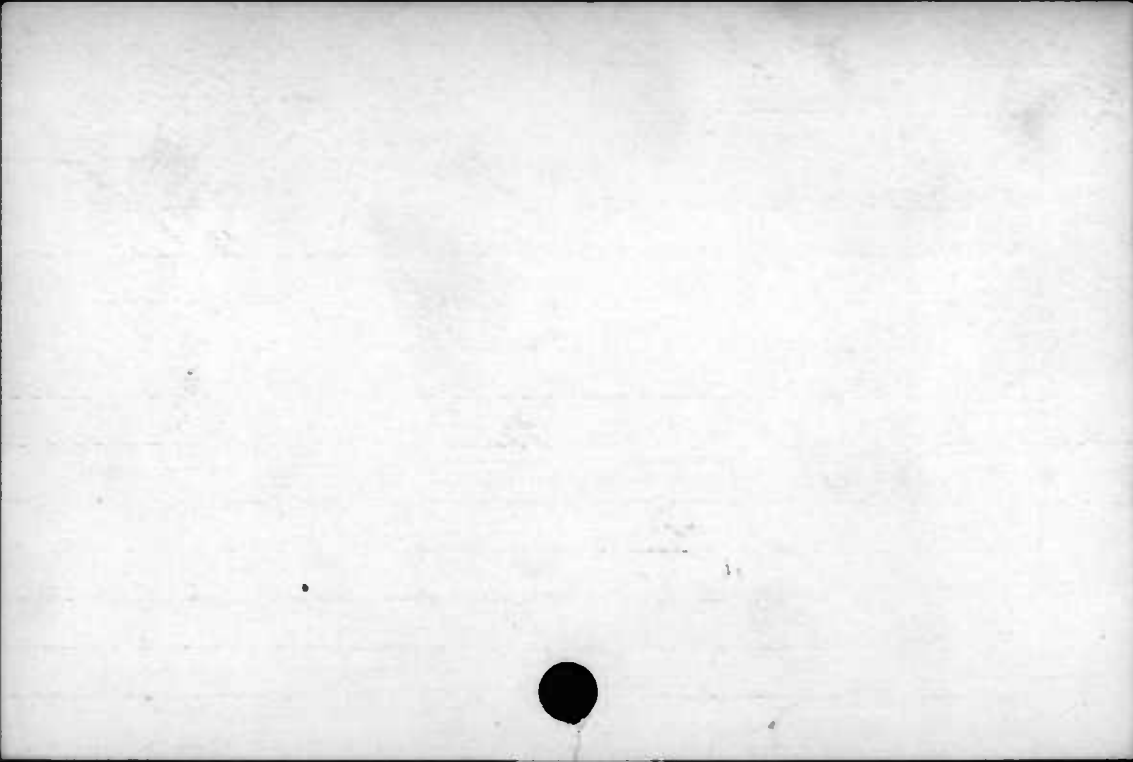
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|------------------------------------|--|------------------------|------|---------------|-----|-------------------------|---|-------------|-----|
| Died at | | Hagerstown | | Washington | | MARYLAND | | | |
| Date of death | | 1902 | Sept | 12 | Age | 78 | 1 | 6 | |
| Sex | | male | | Color or Race | | white | | Birth-place | Md. |
| Married, Single or Widowed | | married | | Occupation | | Contractor | | | |
| Name of Wife or Husband | | Mrs. Mary E. Thornburg | | | | | | | |
| Father's Name | | John Thornburg | | | | Father's Birthplace | | Md | |
| Mother's Maiden Name | | Sarah Clewinc | | | | Mother's Birthplace | | " | |
| Name of person giving information | | Mrs Mary E. Thornburg | | | | How related to deceased | | wife. | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | | | | | | |
|--|--|----------|--|------------------------|--|----------------|--|-------|--|
| Primary | | Senility | | 154 | | How long | | 3 wks | |
| Immediate | | | | | | How long | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | A D Stauffer | | | |
| | | | | Address | | Hagerstown, Md | | | |
| Accident or Suicide? | | | | | | | | | |



Name
in
Full

Margaret E. Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|-------------------------------------|---------------------------------------|----------------|----------------------|
| Died at <i>Sharpsburg</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>Sep</i> | Day <i>13</i> | Age <i>—</i> | Years <i>—</i> | Months <i>6</i> Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Sharpsburg</i> | | |
| Married , Single Widowed | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Henry Turner</i> | | | Father's Birthplace <i>N. Va</i> | | |
| Mother's Maiden Name <i>Bessie Bowers</i> | | | Mother's Birthplace <i>Sharpsburg</i> | | |
| Name of person giving information <i>Henry Turner</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Acute digestive trouble</i> | How long <i>24 hours</i> |
| Immediate <i>Spasms</i> | How long <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>G. H. Garrison</i> |
| | Address <i>Sharpsburg Md</i> |
| Accident or Suicide? | |

Chas. Sevede
Undertaker

Bates Warren

Died at ^{Town} Indian Spring ^{County} Washington MARYLAND

Date 1902 ^{Month} 9 ^{Day} 28 ^{Age} 5 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation}

~~Male~~ ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband of~~
~~Widow~~

Father's Name Samuel Warren Mother's Maiden Name Emma T. Mills

Cause of Death { Primary ¹⁰⁵ Inanition
Immediate Diarrhoea

How long sick 5 months
~~Accident, Suicide, Homicide~~

Reported by Abram Shank. M. D.

Address Clearspring Washington Co. Md.

Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------------|---------------|-------|-------------|-------------------------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date | | Month | Day | Years | Months | Days | |
| of death 1902 | | 9 | 27 | Age 53 | | | |
| Sex | Male | Color or Race | White | Birth-place | N. Va | | |
| Married, Single or Widowed | Married | | | Occupation | Laborer | | |
| Name of Wife or Husband | Anna Lee Kenney | | | | | | |
| Father's Name | Addison William | | | | Father's Birthplace | N. Va | |
| Mother's Maiden Name | Elizabeth William | | | | Mother's Birthplace | N. Va | |
| Name of person giving information | Wife | | | | How related to deceased | 56 | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|------------------|------------------------|
| Primary | Cardiac Distress | How long |
| Immediate | Alcoholism | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician |
| | | Address |
| Accident or Suicide? | | |



Eden S. Young

Town

County

Died at

MARYLAND

Date 19

01

Month

Day

Sep 31

Age

Y.

M.

D.

8-9

Native of

MD

Occupation

Infant

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Number of children living~~~~Female~~~~Colored~~

Single

~~Widower~~

Husband

of

Wife

Father's

Name

Sylvester L. Young

Mother's

Name

Minnie Edith Danner

Cause of

Primary

Enterocolitis

How long sick

3 weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

O. H. Kaper

Address

Hagerstown MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

